

**EXHIBIT** B

DIVISION OF REVENUE AND TAXATION  
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS

## BUSINESS GROSS REVENUE TAX QUARTERLY RETURN

(Please type or print in ink)

(See reverse side of this form for instructions)

20 04 DLN

A. 1. Taxpayer's Name <b>Island Seven Colors, Inc.</b>	C. 1. Taxpayer's Identification Number (TIN) <b>99-0002038</b>	F. MARK HERE IF THIS IS A FINAL RETURN AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED <input type="checkbox"/>
A. 2. Doing Business As	C. 2. TIN previously reported, if different from above <b>99-0002038</b>	DATE
B. Mailing Address <b>PMB 104 Box 10000, Saipan, MP 96950</b>	D. Quarter Ended <b>March, 2004</b>	
CHECK IF: <input type="checkbox"/> AMENDED <input type="checkbox"/> CONSOLIDATED <input checked="" type="checkbox"/> ORIGINAL	E. Telephone Number(s) <b>(670) 234-3312</b>	

G. BUSINESS FORM:  <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> NON-PROFIT ORGANIZATION	H. LOCATION OF BUSINESS  <input checked="" type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN IS.  <b>CK / SAN ANTON</b> (Indicate Village)	I. ACTIVITIES:  <input checked="" type="checkbox"/> RETAILING <input type="checkbox"/> LAND LEASE <input type="checkbox"/> BARBER/BEAUTY SHOP <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> HOUSE RENTAL (UNITS) <input type="checkbox"/> TAILORING SHOP <input checked="" type="checkbox"/> SERVICES <input type="checkbox"/> PHOTO DEVELOPING <input type="checkbox"/> OCEAN SHIPPING <input type="checkbox"/> OTHER(S)
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(Specify each separately)

J. COMPUTATION OF TAX AND OTHER CHARGES		FOR OFFICIAL USE ONLY
1. TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31.	41,281.57	
2. TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30.		
3. TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30.		
4. TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31.		
5. TOTAL OF LINES 1, 2, 3, AND 4.	41,281.57	
6. LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)		
7. GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)	41,281.57	
8. TAX ON AMOUNT SHOWN ON LINE 7.	1,032.04	
9. TAX ALLOCATED PREVIOUS QUARTER(S). Current year only.		
10. TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)	1,032.04	
11. ENTER AMOUNT PAID THIS QUARTER FROM FORM 500-BGRT-BWH.		
12. TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY.		
13. TAX DUE (OVERPAYMENT) THIS QUARTER. (line 10 minus lines 11 and 12, if any)	1,032.04	
14a. ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR		
14b. ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)		
14c. EDUCATION TAX CREDIT AVAILABLE THIS QUARTER		
14d. EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)		
15a. OVERPAYMENT CREDIT FROM FORM 1120CM OR 1040 CM, IF ANY. (See instructions)		
15b. ENTER YEAR OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM		
15c. ENTER TYPE OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM		
16. TAX AFTER CREDIT. (line 13 minus lines 14d and 15a)	1,032.04	
17. PENALTY CHARGE (If return is filed and paid after the deadline, complete this line.) 17a (10%) 17b ( 1%)		
18. INTEREST CHARGES. (If payment is made after the deadline, complete this line.)		
19. TOTAL DUE (Add lines 16, 17a, 17b and 18)	PAY THIS AMOUNT	1,032.04

K DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

President

4-29-04

Name (Typed) and Signature

Title

Date

PAID PREPARER'S USE ONLY	Preparer's Signature:	Date	Preparer's SSN:	TIN
	Firm's Name:	Mailing Address:		
FOR OFFICIAL USE ONLY				
Account No:	Account No:	Account No:	Account No	
Amount	Amount	Amount	Amount	
DATE PAID:	RECEIPT NO:	RECEIVED BY:	POST MARK:	
VERIFIED BY:	INPUT BY:	INPUT DATE		

Form: OS-3105 (Rev 1/2004)

NOTE: This revision is effective 4th Quarter 2003.



**DIVISION OF REVENUE AND TAXATION**  
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



**BUSINESS GROSS REVENUE TAX QUARTERLY RETURN**  
**SCHEDULE OF GROSS INCOME BY ACTIVITY**

(Please type or print in ink) This schedule must be attached to Form OS-3105

A. Taxpayer's Name <b>Island Seven Colors, Inc.</b>		C. 1. Taxpayer's Identification Number (TIN) <b>99-0002038</b>		
B. Doing Business As		C. 2. TIN previously reported, if different from above <b>99-0002038</b>		
		D. Quarter Ended <b>March, 2004</b>		
E. 1. Activity Code	E.2. Specify activity if code is not listed	F. Gross Revenue Derived From Each Activity	G. Check (✓) if activity is final for this quarter	H. FOR OFFICIAL USE ONLY
1. 8813	Retailing	1,614.54		
2. 6613	Photo Developing	24,117.03		
3. 8300	Rental	15,550.00		
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
TOTAL GROSS REVENUE		\$ <b>41,281.57</b>		

**INSTRUCTIONS** - The information provided on this schedule must be the same as its corresponding part on Form OS-3105.

- A. Enter the name of owner for sole proprietorship, partnership, corporation, or association.
- B. Enter the name(s) under which the taxpayer operates as; e.g. "John Doe's Restaurant".
- C.1. Enter the Taxpayer Identification Number (TIN). If you do not have one, please apply at the Division of Revenue and Taxation, or at the Social Security Administration. (NOTE: The Division of Revenue and Taxation will assign an I.D. Number for use only in reporting CNMI Taxes).
- C.2. Enter your Federal Employer I.D. Number used in previous quarter.
- D. Enter the quarter ended for which you are filing this schedule.
- E.1. Enter the code (listed on the reverse side of this page) of the type of business activity the gross revenue is derived from.
- E.2. Specify the business activity the gross revenue is derived from if such activity code is not listed.
- F. Enter the Gross Revenue derived for each activity listed in item E.1. or E.2.
- G. Place a check mark (✓) if the business activity is final for the quarter. (For example, the retail activity of your business has ceased during the quarter and will not continue this activity in subsequent quarters.)
- H. **DO NOT WRITE IN THIS SPACE.**

CNMI Tax System Release 6.0  
Commonwealth of the Northern Mariana Islands  
Commonwealth Treasury  
P.O. Box 5234 CHRB  
Saipan, MP 96950

## OFFICIAL CASH RECEIPT

Payment Entered: 4/30/2004

Receipt No.: 001014809

Received From: Island Seven Colors, Inc.  
PMB 104 Box 10000  
Saipan, MP 969500000

Taxpayer ID : 990002038 Date: 4/30/2004 16:51:15 Received By: REVRFST

## Payment to Account(s):

Bus. Gross Revenue Tax-CY	1000	40110	1,032.04
990002038 06-3105G 2004 1			
Island Seven Colors, Inc.			

## Payment(s) Tendered:

Check	101501	0032030840
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TOTAL		1,032.04
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\*\*\* KEEP THIS RECEIPT FOR YOUR RECORDS \*\*\*

## BUSINESS GROSS REVENUE TAX QUARTERLY RETURN



(Please type or print in ink)

(See reverse side of this form for instructions)

2004 DLN

A. 1. Taxpayer's Name <b>Island Seven Colors, Inc.</b>	C. 1. Taxpayer's Identification Number (TIN) <b>2004 AUG -2 PM 443318</b>	F. MARK HERE IF THIS IS A FINAL RETURN AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED <input type="checkbox"/>
A. 2. Doing Business As	C. 2. TIN previously reported, if different from above <b>99-0002038</b>	D. Quarter Ended <b>June, 2004</b>
B. Mailing Address <b>PMB 104 Box 10000, Saipan, MP 96950</b>		
CHECK IF: <input type="checkbox"/> AMENDED <input type="checkbox"/> CONSOLIDATED <input type="checkbox"/> ORIGINAL	E. Telephone Number(s) (670) 234-3312	DATE

G. BUSINESS FORM:  <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> NON-PROFIT ORGANIZATION	H. LOCATION OF BUSINESS  <input checked="" type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN IS.  <b>CK</b> (Indicate Village)	I. ACTIVITIES:  <input checked="" type="checkbox"/> RETAILING <input type="checkbox"/> LAND LEASE <input type="checkbox"/> BARBER/BEAUTY SHOP <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> HOUSE RENTAL (UNITS) <input type="checkbox"/> TAILORING SHOP <input checked="" type="checkbox"/> SERVICES <input checked="" type="checkbox"/> PHOTO DEVELOPING <input type="checkbox"/> OCEAN SHIPPING <input checked="" type="checkbox"/> OTHER(S): <b>COMM'L SPACE RENTAL</b>
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(Specify each separately)

J. COMPUTATION OF TAX AND OTHER CHARGES	
1. TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31.	41,281.57
2. TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30.	37,636.18
3. TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30.	
4. TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31.	
5. TOTAL OF LINES 1, 2, 3, AND 4.	78,917.75
6. LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)	
7. GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)	78,917.75
8. TAX ON AMOUNT SHOWN ON LINE 7.	1,972.94
9. TAX ALLOCATED PREVIOUS QUARTER(S). Current year only.	1,032.04
10. TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)	940.90
11. ENTER AMOUNT PAID THIS QUARTER FROM FORM 500-BGRT-BWH.	
12. TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY.	
13. TAX DUE (OVERPAYMENT) THIS QUARTER. (line 10 minus lines 11 and 12, if any)	940.90
14a. ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR	
14b. ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)	
14c. EDUCATION TAX CREDIT AVAILABLE THIS QUARTER	
14d. EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)	
15a. OVERPAYMENT CREDIT FROM FORM 1120CM OR 1040 CM, IF ANY. (See instructions)	
15b. ENTER YEAR OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM	
15c. ENTER TYPE OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM	
16. TAX AFTER CREDIT. (line 13 minus lines 14d and 15a)	940.90
17. PENALTY CHARGE (If return is filed and paid after the deadline, complete this line.)	17a (10%) 17b ( 1%)
18. INTEREST CHARGES. (If payment is made after the deadline, complete this line.)	
19. TOTAL DUE (Add lines 16, 17a, 17b and 18)	PAY THIS AMOUNT <b>940.90</b>

K. DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

President

Date

Name (Typed) and Signature		Title	Date
PAID PREPARER'S USE ONLY	Preparer's Signature:	Date:	Preparer's SSN:
	Firm's Name:	Mailing Address:	
FOR OFFICIAL USE ONLY			
Account No:	Account No:	Account No:	Account No:
Amount:	Amount:	Amount:	Amount:
DATE PAID:	RECEIPT NO:	RECEIVED BY:	POST MARK:
VERIFIED BY:	INPUT BY:	INPUT DATE:	



**DIVISION OF REVENUE AND TAXATION**  
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



**BUSINESS GROSS REVENUE TAX QUARTERLY RETURN**  
**SCHEDULE OF GROSS INCOME BY ACTIVITY**

(Please type or print in ink) This schedule must be attached to Form OS-3105

A. Taxpayer's Name <b>Island Seven Colors, Inc.</b>		C. 1. Taxpayer's Identification Number (TIN) <b>99-0002038</b>		
B. Doing Business As		C. 2. TIN previously reported, if different from above <b>99-0002038</b>		
		D. Quarter Ended <b>June, 2004</b>		
E. 1. Activity Code	E. 2. Specify activity if code is not listed	F. Gross Revenue Derived From Each Activity	G. Check (✓) if activity is final for this quarter	H. FOR OFFICIAL USE ONLY
1. 6818	Retailing	2,013.28		
2. 6613	Photo Developing	27,272.90		
3. 8300	Rental	8,350.00		
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
TOTAL GROSS REVENUE		\$ 37,636.18		

**INSTRUCTIONS** - The information provided on this schedule must be the same as its corresponding part on Form OS-3105.

- A. Enter the name of owner for sole proprietorship, partnership, corporation, or association.
- B. Enter the name(s) under which the taxpayer operates as; e.g. "John Doe's Restaurant".
- C.1. Enter the Taxpayer Identification Number (TIN). If you do not have one, please apply at the Division of Revenue and Taxation, or at the Social Security Administration. (NOTE: The Division of Revenue and Taxation will assign an I.D. Number for use only in reporting CNMI Taxes).
- C.2. Enter your Federal Employer I.D. Number used in previous quarter.
- D. Enter the quarter ended for which you are filing this schedule.
- E.1. Enter the code (listed on the reverse side of this page) of the type of business activity the gross revenue is derived from.
- E.2. Specify the business activity the gross revenue is derived from if such activity code is not listed.
- F. Enter the Gross Revenue derived for each activity listed in item E.1. or E.2.
- G. Place a check mark (✓) if the business activity is final for the quarter. (For example, the retail activity of your business has ceased during the quarter and will not continue this activity in subsequent quarters.)
- H. **DO NOT WRITE IN THIS SPACE.**

CNMI Tax System Release 6.0  
Commonwealth of the Northern Mariana Islands  
Commonwealth Treasury  
P.O. Box 5234 CHRB  
Saipan, MP 96950

OFFICIAL CASH RECEIPT

Payment Entered: 8/02/2004

Receipt No.: 001079310

Received From: Island Seven Colors, Inc.  
PMB 104 Box 10000  
Saipan, MP 969500000

Taxpayer ID : 990002038 Date: 8/02/2004 16:30:38 Received By: REVABR1

Payment to Account(s):

Bus. Gross Revenue Tax-CY	1000	40110	940.90
990002038 OS-3105G 2004 2			
Island Seven Colors, Inc.			

Payment(s) Tendered:

Check	101501	32030840
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TOTAL	940.90
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\*\*\* KEEP THIS RECEIPT FOR YOUR RECORDS \*\*\*

## DIVISION OF REVENUE AND TAXATION

COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



## BUSINESS GROSS REVENUE TAX QUARTERLY RETURN

(See reverse side of this form for instructions)

20 04 DLN

Please type or print in ink)

A. 1. Taxpayer's Name <b>Island Seven Colors, Inc.</b>	C. 1. Taxpayer's Identification Number (TIN) <b>99-0002038</b>	F. MARK HERE IF THIS IS A FINAL RETURN AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED. <input type="checkbox"/>
A. 2. Doing Business As	C. 2. TIN previously reported, if different from above <b>99-0002038</b>	DATE
B. Mailing Address <b>PMB 104 Box 10000, Saipan, MP 96950</b>	D. Quarter Ended <b>September, 2004</b>	
CHECK IF: <input type="checkbox"/> AMENDED <input type="checkbox"/> CONSOLIDATED <input type="checkbox"/> ORIGINAL	E. Telephone Number(s) <b>(670) 234-3312</b>	

G. BUSINESS FORM:  <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> NON-PROFIT ORGANIZATION	H. LOCATION OF BUSINESS  <input checked="" type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN IS.  <b>CK</b> (Indicate Village)	I. ACTIVITIES:  <input checked="" type="checkbox"/> RETAILING <input type="checkbox"/> LAND LEASE <input type="checkbox"/> BARBER/BEAUTY SHOP <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> HOUSE RENTAL (UNITS) <input type="checkbox"/> TAILORING SHOP <input checked="" type="checkbox"/> SERVICES <input type="checkbox"/> PHOTO DEVELOPING <input type="checkbox"/> OCEAN SHIPPING <input checked="" type="checkbox"/> OTHER(S): <b>COMM. SPACE RENTAL</b>
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(Specify each separately)

J. COMPUTATION OF TAX AND OTHER CHARGES		
1. TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31	<b>41,281.57</b>	
2. TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30.	<b>37,636.18</b>	
3. TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30.	<b>30,844.57</b>	
4. TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31.		
5. TOTAL OF LINES 1, 2, 3, AND 4.	<b>109,762.32</b>	
6. LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)		
7. GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)	<b>109,762.32</b>	
8. TAX ON AMOUNT SHOWN ON LINE 7.	<b>2,744.06</b>	
9. TAX ALLOCATED PREVIOUS QUARTER(S) Current year only	<b>1,972.94</b>	
10. TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)	<b>771.12</b>	
11. ENTER AMOUNT PAID THIS QUARTER FROM FORM 500-BGRT-BWH.		
12. TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY		
13. TAX DUE (OVERPAYMENT) THIS QUARTER. (line 10 minus lines 11 and 12, if any)		<b>771.12</b>
14a. ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR		
14b. ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)		Revenue Credit
14c. EDUCATION TAX CREDIT AVAILABLE THIS QUARTER		Collection
14d. EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)		Received By:
15a. OVERPAYMENT CREDIT FROM FORM 1120CM OR 1040 CM, IF ANY. (See instructions)		
15b. ENTER YEAR OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM		Date:
15c. ENTER TYPE OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM		
16. TAX AFTER CREDIT. (line 13 minus lines 14d and 15a)	<b>771.12</b>	
17. PENALTY CHARGE (If return is filed and paid after the deadline, complete this line.)	17a (10%) 17b ( 1%)	
18. INTEREST CHARGES. (If payment is made after the deadline, complete this line.)		
19. TOTAL DUE (Add lines 16, 17a, 17b and 18)	<b>PAY THIS AMOUNT</b> <b>771.12</b>	

K. DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

President

Date

Name (Typed) and Signature

PAID PREPARER'S USE ONLY	Preparer's Signature:	Date:	Preparer's SSN:	TIN:
	Firm's Name:	Mailing Address:		
FOR OFFICIAL USE ONLY				
Account No:	Account No:	Account No:	Account No	
Amount:	Amount:	Amount:	Amount	
DATE PAID:	RECEIPT NO:	RECEIVED BY:	POST MARK	
	INFO DATE:	INFO DATE		

Form: OS-3105 (Rev. 1/2004)

NOTE: This revision is effective 4th Quarter 2003.

**DIVISION OF REVENUE AND TAXATION**  
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



**BUSINESS GROSS REVENUE TAX QUARTERLY RETURN**  
**SCHEDULE OF GROSS INCOME BY ACTIVITY**

(Please type or print in ink) This schedule must be attached to Form OS-3105

A. Taxpayer's Name <b>Island Seven Colors, Inc.</b>		C. 1. Taxpayer's Identification Number (TIN) <b>99-0002038</b>		
B. Doing Business As		C. 2. TIN previously reported, if different from above <b>99-0002038</b>		
		D. Quarter Ended <b>September, 2004</b>		
E. 1. Activity Code	E. 2. Specify activity if code is not listed	F. Gross Revenue Derived From Each Activity	G. Check (✓) if activity is final for this quarter	H. FOR OFFICIAL USE ONLY
1. 8818	Retailing	884.41		
2. 8813	Photo Developing	17,960.16		
3. 8300	Rental	12,000.00		
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
TOTAL GROSS REVENUE		<b>\$ 30,844.57</b>		

**INSTRUCTIONS** - The information provided on this schedule must be the same as its corresponding part on Form OS-3105.

- A. Enter the name of owner for sole proprietorship, partnership, corporation, or association.
- B. Enter the name(s) under which the taxpayer operates as; e.g. "John Doe's Restaurant".
- C.1. Enter the Taxpayer Identification Number (TIN). If you do not have one, please apply at the Division of Revenue and Taxation, or at the Social Security Administration. (NOTE: The Division of Revenue and Taxation will assign an I.D. Number for use only in reporting CNMI Taxes).
- C.2. Enter your Federal Employer I.D. Number used in previous quarter.
- D. Enter the quarter ended for which you are filing this schedule.
- E.1. Enter the code (listed on the reverse side of this page) of the type of business activity the gross revenue is derived from.
- E.2. Specify the business activity the gross revenue is derived from if such activity code is not listed.
- F. Enter the Gross Revenue derived for each activity listed in item E.1. or E.2.
- G. Place a check mark (✓) if the business activity is final for the quarter. (For example, the retail activity of your business has ceased during the quarter and will not continue this activity in subsequent quarters.)
- H. **DO NOT WRITE IN THIS SPACE.**

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CNMI Tax System Release 6.0  
Commonwealth of the Northern Mariana Islands  
Commonwealth Treasury  
P.O. Box 5234 CHRB  
Saipan, MP 96950

OFFICIAL CASH RECEIPT

Payment Entered: 11/02/2004

Receipt No.: 001141353

Received From: Island Seven Colors, Inc.  
PMB 104 Box 10000  
Saipan, MP 969500000

Taxpayer ID : 990002038 Date: 10/29/2004 11:46:01 Received By: REVBOC3

Payment to Account(s):

Bus. Gross Revenue Tax-PY 990002038 05-31056 2004 3 Island Seven Colors, Inc.	1000 40120	771.12
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Payment(s) Tendered:

Check	101501	0032030840
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TOTAL	771.12
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\*\*\* KEEP THIS RECEIPT FOR YOUR RECORDS \*\*\*

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WEALTHTAXATION  
ERN MARIANA IS

A. 1. Taxpayer's Name <b>Island Seven Colors, Inc.</b>	C. 1. Taxpayer's Identification Number (TIN) <b>99-0002038</b>	F. MARK HERE IF THIS IS A FINAL RETURN AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED <input type="checkbox"/>
A. 2. Doing Business As	C. 2. TIN previously reported, if different from above <b>99-0002038</b>	DATE _____
B. Mailing Address <b>PMB 104 Box 10000, Saipan, MP 96950</b>	D. Quarter Ended <b>December, 2004</b>	
CHECK IF: <input type="checkbox"/> AMENDED <input type="checkbox"/> CONSOLIDATED <input checked="" type="checkbox"/> ORIGINAL	E. Telephone Number <b>(670) 234-3312</b>	

TAILORING

HOUSE RENTAL (UNITS)  
SERVICES **PHOTO DEVELOPING**  
OTHER(S): \_\_\_\_\_

(Specify each separately)

**J. COMPUTATION OF TAX AND OTHER CHARGES**

1. TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31.	<b>41,281.57</b>
2. TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30.	<b>37,636.18</b>
3. TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30	<b>30,844.57</b>
4. TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31	<b>***093.**</b>
5. TOTAL OF LINES 1, 2, 3, AND 4.	<b>139,855.57</b>
6. LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)	
7. GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)	<b>139,855.57</b>
8. TAX ON AMOUNT SHOWN ON LINE 7.	<b>3,496.39</b>
9. TAX ALLOCATED PREVIOUS QUARTER(S) Current year only	<b>2,744.06</b>
10. TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)	<b>752.33</b>
11. ENTER AMOUNT PAID THIS QUARTER FROM FORM 500-BGRT-BWH.	<b>1/31/05</b>
12. TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY	
13. TAX DUE (OVERPAYMENT) THIS QUARTER. (line 10 minus lines 11 and 12, if any)	<b>752.33</b>
14a. ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR	
14b. ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)	
14c. EDUCATION TAX CREDIT AVAILABLE THIS QUARTER	
14d. EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)	
15a. OVERPAYMENT CREDIT FROM FORM 1120CM OR 1040 CM, IF ANY. (See instructions)	
15b. ENTER YEAR OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM	
15c. ENTER TYPE OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM	
16. TAX AFTER CREDIT. (line 13 minus lines 14d and 15a)	<b>752.33</b>
17. PENALTY CHARGE (If return is filed and paid after the deadline, complete this line.)	17a (10%) 17b ( 1%)
18. INTEREST CHARGES. (If payment is made after the deadline, complete this line.)	
19. TOTAL DUE (Add lines 16, 17a, 17b and 18)	<b>PAY THIS AMOUNT <b>752.33</b></b>

**K. DECLARATION:** Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

<i>Kim Chang Ryei</i>		President	<i>1-31-05</i>
Name (Typed) and Signature		Title	Date
PAID PREPARER'S USE ONLY	Preparer's Signature: Firm's Name:	Date: Mailing Address:	Preparer's SSN: TIN:
FOR OFFICIAL USE ONLY			
Account No:	Account No:	Account No:	Account No:
Amount:	Amount:	Amount:	Amount:
DATE PAID:	RECEIPT NO:	RECEIVED BY:	POST MARK:
VERIFIED BY:	INPUT BY:	INPUT DATE:	



**DIVISION OF REVENUE AND TAXATION**  
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



**BUSINESS GROSS REVENUE TAX QUARTERLY RETURN**  
**SCHEDULE OF GROSS INCOME BY ACTIVITY**

(Please type or print in ink) This schedule must be attached to Form OS-3105

A. Taxpayer's Name <b>Island Seven Colors, Inc.</b>			C. 1. Taxpayer's Identification Number (TIN) <b>99-0002038</b>	
B. Doing Business As			C. 2. TIN previously reported, if different from above <b>99-0002038</b>	
			D. Quarter Ended <b>December, 2004</b>	
E. 1. Activity Code	E. 2. Specify activity if code is not listed	F. Gross Revenue Derived From Each Activity	G. Check (✓) if activity is final for this quarter	H. FOR OFFICIAL USE ONLY
1. 6618	Retailing	1,257.55		
2. 6613	Photo Developing	17,035.70		
3. 8300	Rental	11,800.00		
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
TOTAL GROSS REVENUE			<b>\$ 30,093.25</b>	

**INSTRUCTIONS** - The information provided on this schedule must be the same as its corresponding part on Form OS-3105.

- A. Enter the name of owner for sole proprietorship, partnership, corporation, or association.
- B. Enter the name(s) under which the taxpayer operates as; e.g. "John Doe's Restaurant".
- C.1. Enter the Taxpayer Identification Number (TIN). If you do not have one, please apply at the Division of Revenue and Taxation, or at the Social Security Administration. (NOTE: The Division of Revenue and Taxation will assign an I.D. Number for use only in reporting CNMI Taxes).
- C.2. Enter your Federal Employer I.D. Number used in previous quarter.
- D. Enter the quarter ended for which you are filing this schedule.
- E.1. Enter the code (listed on the reverse side of this page) of the type of business activity the gross revenue is derived from.
- E.2. Specify the business activity the gross revenue is derived from if such activity code is not listed.
- F. Enter the Gross Revenue derived for each activity listed in item E.1. or E.2.
- G. Place a check mark (✓) if the business activity is final for the quarter. (For example, the retail activity of your business has ceased during the quarter and will not continue this activity in subsequent quarters.)
- H. **DO NOT WRITE IN THIS SPACE.**